

Sweetwater Community Center Application Form

Return to Jennifer Gilley by email at jgilley@edgefieldcounty.sc.gov or by mail to 124
Courthouse Square, Edgefield, SC 29824

No more than 99 number of persons is allowed in the Sweetwater Community Center at one time.

Name of Responsible Person: _____

Full Name of Organization: _____

Address: _____

Telephone Number: _____

Email Address: _____

Type of Event: _____

Date of Event: _____

Time of Event: _____

From To Please include set up and clean up time.

Package A: Four (4) hours: \$75

Package B: Eight (8) hours: \$150

Package C: Twelve (12) hours: \$225

Package D: Two (2) days: \$350

Package Letter: _____

Will there be alcohol on the premises? Please initial accordingly ____ Yes ____ No

Are you sponsoring a Fundraiser? Please initial accordingly ____ Yes ____ No

Who/What organization is the fundraiser for? _____

I, the undersigned, being eighteen years of age or older, have read and understand the Sweetwater Community Center Policies. The organization I represent and I will comply with and agree to the Sweetwater Community Center Policies. The organization I represent and I both agree to be responsible to the Edgefield County Government for the use and care of the Sweetwater Community Center and the furnishings. The organization I represent and I agree that we will pay for any damage to Edgefield County property and equipment in connection with the event and use of facilities.

If a check is returned there will be a \$25 returned check fee.

Signature: _____

Printed Name: _____

Date: _____

Approved By Signature: _____

Printed Name: _____

Date: _____

Package Cost: \$ _____

Employee Discount: - \$ _____

Deposit: + \$125.00 _____

Grand Total: = \$ _____

Collected By: _____ In the Form of: _____